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CHAPTER 13

"PAS" PORTION OF PASRR

PAS is the process used for new admissions only. (Transfers and readmissions are part of the RR process.) "New admission" also includes those situations wherein an individual is discharged from a NF to a community living arrangement and later needs to be readmitted to a NF.

NOTE: To avoid confusion with the "PAS" part of PASRR, Indiana's PreAdmission Screening program is referred to as "IPAS" throughout this Manual.

13.1 ADMISSION REQUIREMENTS

Effective January 1, 1989, federal regulations prohibit NFs participating in Medicaid from admitting or retaining any individual with mental illness and/or mental retardation/developmental disability who:

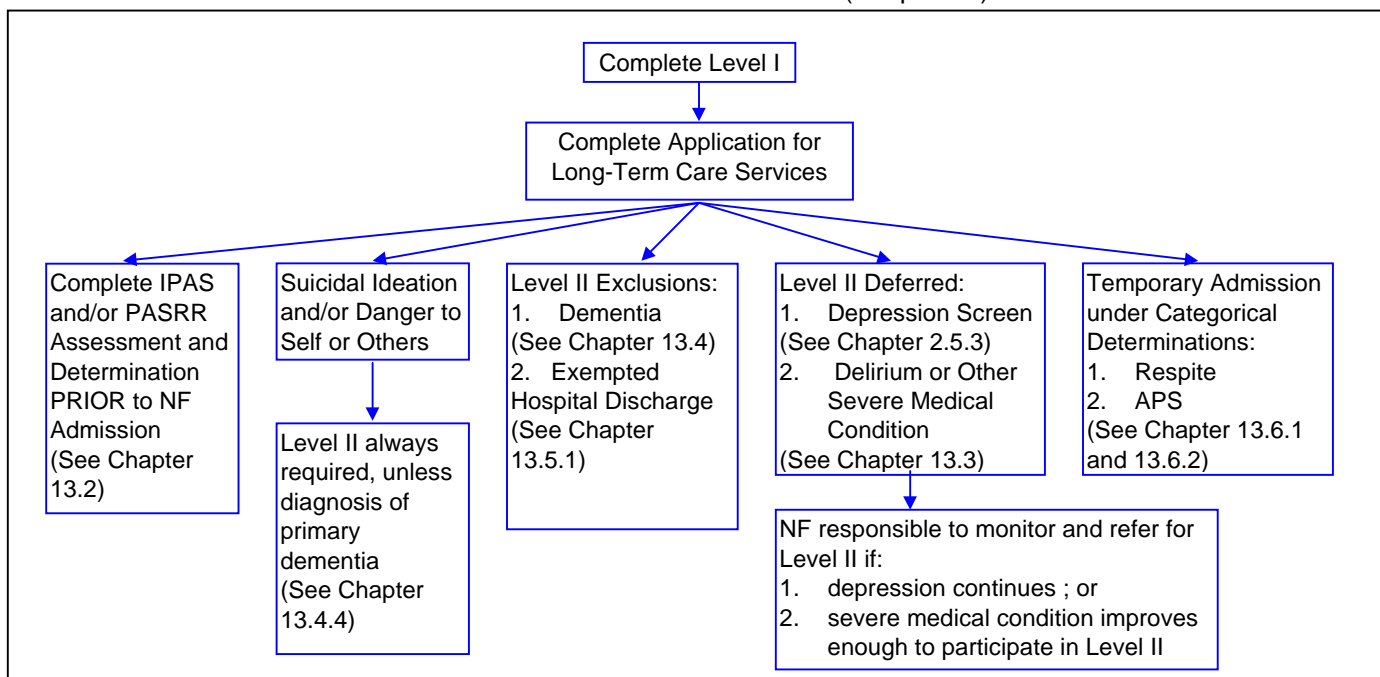
- a) should have been assessed under PASRR, but was not; or
- b) was assessed and determined to be inappropriate for NF placement.

Indiana's PAS program provides part of the PASRR Level II assessment. Individuals may be admitted to a NF when:

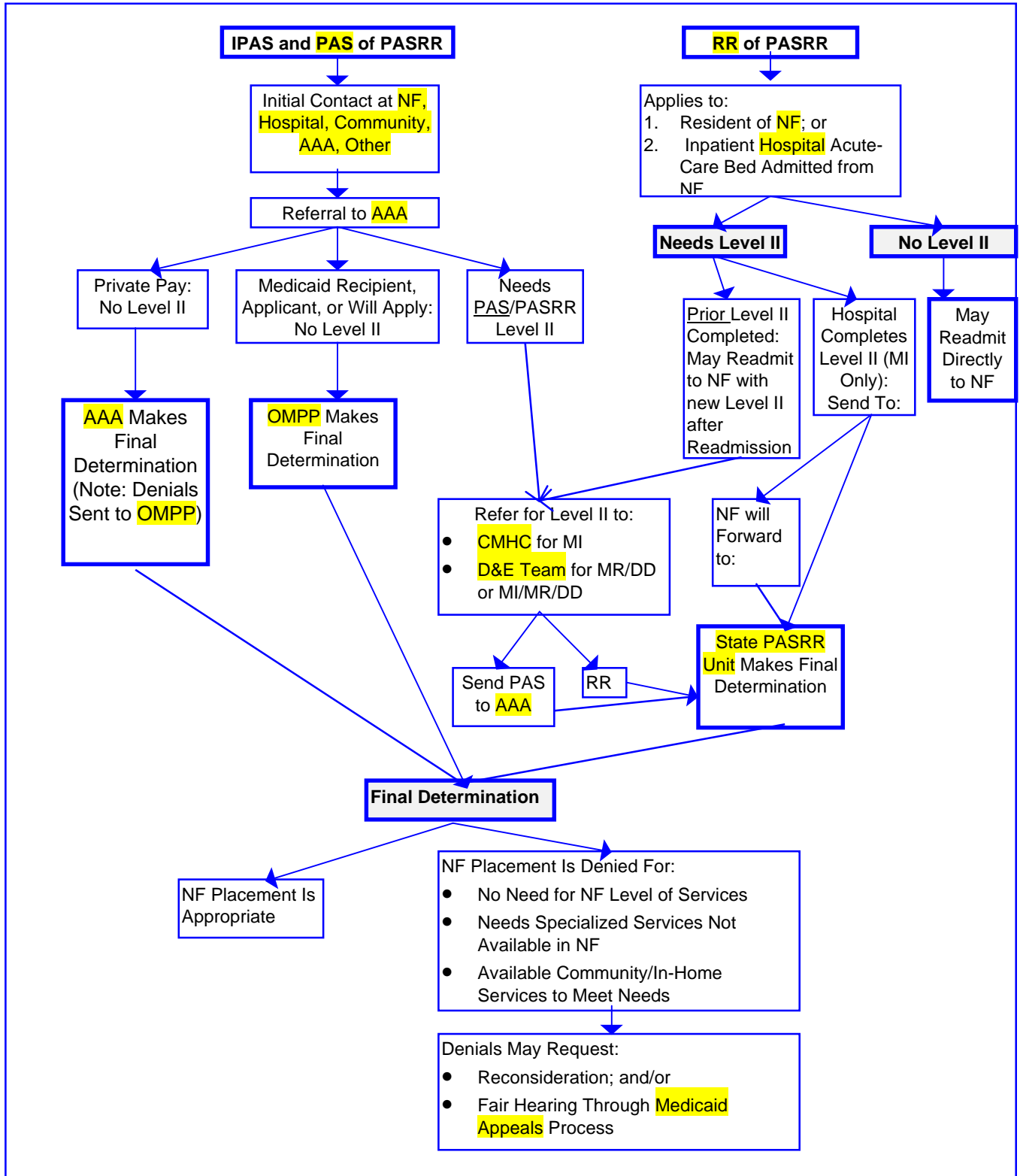
- a) IPAS program requirements including the PASRR Level II assessment and determination are completed PRIOR to NF admission; or
- b) the applicant qualifies under one of the conditions listed in this Chapter for temporary admission, pending completion of the PASRR Level II process.

Planning for NF admission should begin as soon as possible to allow as much time as possible for the necessary screenings and assessments. In particular, hospital units must identify and prepare those individuals who are at risk of NF placement early in the inpatient stay. To wait until discharge is imminent is to risk delay of discharge and placement.

TYPES OF ADMISSION UNDER PASRR (Chapter 13)



IPAS AND PASRR PROGRAMS (Chapter 13)



13.2 LEVEL I: IDENTIFICATION SCREEN

A Medicaid-certified NF is prohibited from admitting any new resident without completion of the PASRR Level I: Identification Screen PRIOR to admission. (See Appendix U.)

NOTE: EVERY completed Application for Long-Term Care Services form (PAS Application form) must have an appropriately completed Level I form attached prior to submission to the PAS Agency.

13.2.1 Level I: Purpose and Completion

The Level I: Identification Screen consists of eight (8) questions designed to identify whether an applicant has, or is suspected of having, a condition of MI and/or MR/DD. All eight questions should be carefully read and answered.

The Level I form is used as:

- a) the primary identifier of need for Level II assessment;
- b) the certification of temporary NF admission under Exempted Hospital Discharge (middle of the form); and
- c) the Certification of Need for Level II (bottom of the form).

The Level I may be completed by any professional individual who:

- a) has sufficient knowledge of the applicant and his condition to be able to answer the eight questions;
 - b) will sign the Level I screening form, giving title/position and the date of completion; and
 - c) will check the box beneath the signature which designates the person's position.
- If a hospital discharge planner or NF staff member completes the Level I, the name of the hospital or NF with which the person is affiliated should be entered.

The Level I Decision-Making Protocol (see Appendix F) and the Screen for Depression (see Appendix V) are tools to provide guidance in making this decision.

the Level I should be completed PRIOR to application for IPAS In order to decide whether an applicant can refuse to participate in IPAS. If the Level II is required, the applicant must NOT check "refuse to participate" on the LTC application form and be admitted to a Medicaid-certified NF, even under the PAS penalty.

13.2.2 Other Indicators

The following identifiers of need for Level II assessment may also apply:

- a) recent suicidal and/or homicidal ideation; and/or
- b) recent or current residence in a state psychiatric hospital or MR/DD facility (including Indiana or any other state), regardless of known diagnosis (including dementia); and/or
- c) currently receiving services from a CMHC for a serious mental illness (MI) condition, as defined by the PASRR/MI program, or from a provider of MR/DD services; and/or
- d) other documentation, such as a hospital discharge summary, 450B form, etc.

Information may either supplement or contradict the information on the Level I. The IPAS agency should:

- a) investigate and reconcile any discrepancies;
- b) note the findings on the Level I form and explain it in the case record; and
- c) immediately initiate the Level II assessment.

Whenever the IPAS agency decides that Level II is or is not required contrary to responses on the Level I, the reason must be clearly and thoroughly documented in the case record.

NOTE: At any point that it is identified that an individual requires PASRR Level II assessment but has not had one, regardless of the responses on the Level I or prior findings (such as a prior PAS 4B), the PASRR Level II assessment must be completed. (Also see Chapter 12.)

13.2.3 Certification of Need for Level II

For all new admissions the IPAS agency, acting as an entity independent of the NF, must:

- a) review EVERY completed Level I form;
- b) determine the need for further assessment under Level II;
- c) certify the need for Level II assessment with either "yes" or "no" that Level II is or is not needed;
- d) enter its certification on the bottom of the Level I form; and
- e) retain a copy as part of the permanent record.

13.2.4 Notice To Applicant/Resident

First time positive results which indicate a need for Level II require written notice to the applicant, or his or her legal representative that referral will be made for Level II assessment.

For PAS, the IPAS agency will issue a written notice that:

- a) the applicant has been identified as having, or is suspected of having, a condition of MI and/or MR/DD; and
- b) is being referred to the State MI or MR/DD authority for Level II assessment. (See Appendix X.) for the format to be used.)

For RR, the NF will provide the written notice to a resident (who has been identified for the first time for a referral for Level II assessment), his/her legal guardian and/or legal representative, that:

- a) the resident has been identified for Level II assessment based on a suspected condition of MI and/or MR/DD; and
- b) is being referred to the State MI or MR/DD authority.

13.2.5 Referral for Level II Assessment

Level II Mental Health Assessment is completed by the:

- a) Community Mental Health Center (CMHC) for individuals with a MI condition; and
- b) Diagnostic and Evaluation (D&E) Team for individuals with:
 - 1) a condition of MR/DD; or
 - 2) a dual diagnosis of MI and MR/DD (MI/MR/DD). See Chapter 13.2.1.

Referral for Level II is made:

- a) for PAS, by the local IPAS Agency to the CMHC or D&E Team, as appropriate; or
- b) for RR, by the NF directly to the CMHC or D&E Team for Significant-Change RR. See Chapter 12.

For residents of a State psychiatric hospital, the responsible staff person of the hospital will:

- a) coordinate the proposed transfer to a NF with the designated gatekeeper CMHC;
- b) obtain a letter from the gatekeeper CMHC stating whether there is concurrence with the proposed NF transfer;
- c) initiate contact with the IPAS agency with the request for IPAS assessment, including:
 - 1) the name, address, and other information on the appropriate gatekeeper CMHC; and
 - 2) the following completed forms or certifications:
 - i) Level I form;
 - ii) Application for Long-Term care Services;
 - iii) Certification letter by the designated CMHC gatekeeper; and
 - iv) Form 450B Sections I-III, Physician Certification of Need for Long-Term Care Services.

The IPAS agency serving the area of the hospital will make referral for PASRR/MI Level II assessment to the designated CMHC gatekeeper. Also see Chapters 10.5.5.

13.2.6 PAS Assessment Termination Prior to PASRR/MI Level II Referral

When PAS determines that an applicant with MI:

- a) does not meet the need for NF services criteria; and
 - b) State PASRR Unit, after conferring with the IPAS agency, concurs;
- the PAS/PASRR process may be terminated prior to CMHC Level II referral.

When submitting a PAS case packet to the State PASRR office for the denial determination, the reason for non-referral for PASRR/MI Level II must be clearly documented on the PAS 4A form or in a cover letter.

NOTE: This does not apply for individuals with a condition of MR/DD and/or MI/MR/DD. Also, RR Level II must be completed and a determination made under both NF LOC and Level II assessment.

13.2.7 Routing and Retention of Level I

After completion, the Level I form will be routed as follows:

- a) for PAS, the NF or entity completing the Level I must:
 - 1) attached the Level I form to the Application form and other required documentation;
 - 2) immediately send a copy of the Level I together with the PAS Application to the PAS Agency which serves its area; and
 - 3) retain a copy, with the Application form, on the resident's chart.

NOTE: The Level I and PAS Application must be sent to the PAS Agency for all applicants, including those who do not agree to participate and do not require Level II, but who are admitted to the NF under PAS penalty, within five (5) days of completion.

- b) for RR, the NF is no longer required to complete Level I form, but may voluntarily use it as a tool to identify residents with MI.

NOTE: RR referral is now based on the MDS for Significant-Change RR or on CMHC or D&E Team tracking for YRR. See Chapter 12.

For transfers between NFs, the transferring NF must provide a copy of the Level I and Application forms to the receiving NF.

13.3 LEVEL II DEFERRAL DUE TO MEDICAL CONDITION(S)

Level II assessment may be deferred:

- a) when an individual is unable to participate due to a condition of severe medical illness (such as delirium, a comatose state, recent traumatic head injury);
- b) which makes it impossible for the individual to participate actively in the Level II.

The PASRR Level II will only be deferred until the individual's condition improves enough for a Level II to be completed.

13.3.1 PAS Cases

For PAS cases, the IPAS agency:

- a) will gather sufficient information and/or documentation to ascertain that a severe medical condition described above applies;
- b) immediately contact the CMHC or BDDS Office to review pertinent information and receive a concurrence of whether the Level II may be deferred;
- c) record a narrative explanation in the case record; and
- d) specify the decision on the PAS 4A prior to submission of the case to the State PASRR Unit final determination.

13.3.2 RR Cases

For RR cases, the CMHC or BDDS Office will:

- a) gather sufficient information and/or documentation to decide whether Level II should be deferred; and
- b) if the Level II should be deferred, the finding will be recorded on the Inappropriate Referral form prior to submission to the State PASRR/MI Unit.

13.3.3 State PASRR Unit Action

The State PASRR Unit will:

- a) enter the decision on the PAS 4B or the PASRR RR Determination; and
- b) include a caveat stating the NF's responsibility to:
 - 1) monitor the individual's condition; and
 - 2) make a referral for Level II when the individual's condition sufficiently improves.

13.4 PASRR/MI DEMENTIA EXCLUSION

The PASRR/MI Dementia Exclusion only applies when an individual;

- a) would require Level II due to a condition of serious MI; but
- b) has a condition of dementia (including Alzheimer's Disease and related conditions) which is of a degree of severity which is primary over the serious MI; and
- c) does NOT have any condition of MR/DD.

NOTE: It is important to understand that the Dementia Exclusion can only be applied to PASRR/MI. Persons who are MR/DD or dually diagnosed as MI/MR/DD do not qualify for this exclusion and must be assessed under Level II.

In order to apply the Dementia Exclusion, the evaluator must:

- a) consider all applicable diagnoses of the individual (not limited to those diagnoses specific to a particular crisis or hospitalization);
- b) differentiate the level of severity of the dementia and that of the MI condition; and
- c) ascertain which is primary/principle.

Generally, levels of dementia are divided into "mild, moderate, and severe." A mild dementia, for example, would not supersede a condition of schizophrenia whereas a severe dementia may be found to be primary over the schizophrenia.

NOTE: For PASRR program purposes, "diagnosis" refers to the individual's overall mental and physical condition. Ranking of diagnoses as primary/principle, secondary, and so forth should be made in this context. Listings of diagnoses must be current to the date of the documentation. The "date of onset" will help establish the rank of a conditions or diagnosis.

13.4.1 Level I Form and Dementia Exclusion

To apply the Dementia Exclusion, Question #1 on the Level I must be answered accurately. (See Appendices F and U.) Question #1 is actually a three-part question:

- a) "Does the individual have a documentable diagnosis of senile or presenile dementia (including Alzheimer's Disease or related disorder) based on criteria in DSM-III-R [or current DSM]..."
- b) "...without a concurrent primary diagnosis of a major mental illness or..."
- c) "...[without] a diagnosis of mental retardation or developmental disability?" (Words in brackets were added for clarification.)

Question #1 can only be checked "Yes" when all three conditions are met.

The following criteria then applies:

- a) Question #1 is "Yes" and all other answers are "No:" neither Level II or dementia documentation are required; or
- b) Question #1 is "Yes" and any Question #2-#5 is also "Yes:" the dementia exclusion applies and Level II is not required and the NF must document the dementia. (See Appendix for the Dementia Assessment Checklist form.)
- c)

CAUTION: Do not answer "Yes" for Question #1 when there is also a diagnosis of mental illness which is primary/principal over the diagnosis of dementia.

13.4.2 Dementia Documentation

When the dementia exclusion applies:

- a) PASRR/MI Level II must not be completed; and
- b) the NF must document the diagnosis of dementia on the NF active chart.

The content of the dementia documentation must be sufficient to:

- a) reduce or eliminate the possibility of a misdiagnosis of dementia resulting from a confusion between mental illness and dementia; AND
- b) assure that conditions which mimic dementia have been considered and ruled out; AND
- c) provide reasonable evidence of the dementia condition.

NOTE: FOR FEDERAL PASRR PURPOSES, THE PHYSICIAN'S SIGNATURE WITH THE DIAGNOSIS ALONE IS NOT ENOUGH TO DOCUMENT THE DEMENTIA DIAGNOSIS.

Dementia documentation should:

- a) apply dementia criteria of the current DSM;
- b) be based on a good mental status examination;
- c) identify the type of testing or assessment done;
- d) specify the date of the testing and/or assessment;

- e) include a good physical and history;
- f) rule out other conditions which may mimic dementia or cause treatable dementia;
- g) summarize the results, including a stated conclusion;
- h) have a dated signature and the affiliation of the person who performed the assessment; and
- i) be dated and signed by the individual's physician.

The "Dementia Assessment Checklist" form (see Appendix Y) is an optional form developed to assist NFs with the dementia documentation requirement. Sections #1 through #5 include areas which need to be addressed, at a minimum, in any documentation of dementia.

Other forms of documentation may be used instead, including, but not limited to, the following:

- a) the findings of a thorough mental status examination focusing especially on cognitive functioning, supported by a thorough history and physical examination;
- b) physician's examination and written medical history established over a long period of time showing progressive deterioration, that dementia is the most likely diagnosis, and that other conditions which may mimic dementia have been considered and ruled out.; (A complete and identifiable summary of the record which addresses these facts would suffice.)
- c) although not sufficient by themselves, the interpretation of the results of other testing such as CT Scan, EEG, MRI, etc. may be included and must reflect the organicity of the condition and show dementia; or
- d) only as a last resort, when it is unclear whether MI or dementia is predominant, may a Level II assessment be done.

NOTE: When Level II is done, it must be reviewed and certified by the State PASRR Unit before it can be used to admit an individual or as an exclusion from future Level II assessment.

13.4.3 Use and Retention of Dementia Documentation

Do not refer for Level II to document dementia. Whenever applicable, the Dementia Exclusion must be used. It is the responsibility of the NF to:

- a) obtain the documentation;
- b) retain it on the resident's chart; and
- c) provide a copy of it:
 - 1) when state or federal auditors request it; and
 - 2) to a new NF when the resident transfers.

Unless the dementia is a temporary condition and has improved, all future Level I screenings for the resident should reflect the dementia exclusion. The NF should write on each Level I: "Dementia documentation attached," or "...in chart," or "...on file," etc. The NF should clearly tag or mark the dementia documentation for easy identification during audits.

13.4.4 Suicidal Ideation and/or Danger to Self or Others

Only individuals who qualify under the dementia exclusion are excluded from the Level II assessment requirement when there is a threat of suicidal ideation and/or danger to self or others. It is the responsibility of the NF to review and understand the individual's needs and to ascertain whether the NF can meet those needs without danger to the resident, other NF residents and NF staff.

However, when the IPAS agency is aware that suicidal ideation or threats may exist, it should:

- a) enter a caveat in the section of the Application form certifying authorization for temporary admission; and
- b) enter the caveat on the PAS Forms 4A and 4B, to document and alert the NF that:
 "Applicant's behavior of (specify behavior) may present danger to self and/or others. The admitting NF must assure the safety of the applicant, all other residents, and the NF staff."

13.5 TEMPORARY NF ADMISSION

An individual may be admitted for a short, temporary stay in the NF under:

- a) the "Exempted Hospital Discharge" provision; or
- b) one of the two (2) determination categories listed below for "Respite Care" and "Adult Protective Services."

NOTE: The only "emergency" admission under PASRR is use of the APS Categorical Determination.

The IPAS agency must assure that the case record and PAS 4A form clearly describes:

- a) the type of PASRR categorical determination or hospital exemption used for admission, including applicable dates;
- b) requests for extension of an approved temporary authorization, including the reason for extension and the applicable time period;
- c) requests for a change of an approved temporary period to a long-term placement, including the change in condition or other reason that permanent placement is now needed and applicable extension dates, when appropriate;
- d) changes in status from IPAS-Only to PASRR, including circumstances and type of temporary authorization originally given; and
- e) admissions without temporary placement authorization or final determination which have incurred an IPAS Class A infraction.

The appropriate form(s) must be enclosed and the dates of authorized temporary admission clearly shown.

Since available short-term authorizations may not be sufficient to meet the individual's needs, but long-term placement is not needed or sought, the IPAS agency can complete the assessment requesting approval for the anticipated additional time needed. An approval for placement may be requested, for example, for an additional 3-months, 6-months or other identified limit.

13.5.1 Exclusion: "Exempted Hospital Discharge"

PASRR does not allow the IPAS-Only category of "Direct from Hospital" admission. The only allowable NF admission from a hospital acute care bed prior to completion of full PASRR Level II assessment and determination is via the "Exempted Hospital Discharge" provision.

- **Definition**

An individual may be exempted PASRR Level II for NF admission if the following conditions are met:

- a) NF admission directly follows medical treatment in an acute-care non-psychiatric hospital bed; and
- b) NF services are needed for the same condition for which the individual received acute hospital care; and
- c) less than 30 days of NF care is required, as certified by the attending physician.

NOTE: Not all convalescent care stays from hospitals will be able to fit the prerequisite of less than 30 days duration to recuperate. For those persons, the complete Level II assessment must be completed PRIOR to NF admission. Federal interpretative guidelines give the example of a hip fracture which would normally need more than 30 days to improve and warn NFs to be careful of such admissions.

Medicaid will not reimburse for inappropriate use of the "Exempted Hospital Discharge" exclusion. Such inappropriate use will be noted on the PASRR final determination form.

- **Process**

PASRR Level I form, Section V - Part A (Appendix S) is used to record the "Exempted Hospital Discharge." The following criteria apply:

- a) Section IV of the Level I must be completed;
- b) Section V must be completed and signed by the physician, prior to NF admission;
- c) the Application for Long-Term Care Services (Appendix L) must be completed (either at the hospital or admitting NF) and attached to the Level I;
- d) the NF must retain a copy; and
- e) both completed forms must be immediately sent to the IPAS agency.

The NF should also determine the presenting reason for the hospital stay and record it on the Level I form.

The PAS Agency must:

- a) review the information;
- b) certify the need for Level II referral on the bottom of the Level I; and

- c) provide a copy of the certified Level I to the NF for its records and submission to OMPP when Medicaid reimbursement approval is sought.

13.5.2 Longer Stay Requested

When a longer stay is required for convalescence, the NF must:

- a) make a referral for a PASRR Level II before the expiration of the 30-day period;
- b) send a written explanation of the reason for continued stay directly to the PAS Agency clearly explaining:
 - 1) the reason the continued stay is needed including why the person did not convalesce within the expected time frame; AND
 - 2) the anticipated length of additional time needed (e.g.: 30 days, 60 days, long-term placement).

The IPAS agency must:

- a) include the letter in the PAS case record;
- b) clearly record on the PAS Form 4A the original admission dates and the extension date;
- c) provide a copy of the extension to the NF and applicant; and
- d) complete the full IPAS/PASRR assessment in sufficient time so that the State PASRR Unit can issue the determination within 40 calendar days of the NF admission.

13.6 CATEGORICAL DETERMINATIONS FOR SHORT-TERM STAYS

Indiana's PASRR only allows for two (2) categories of short-term, temporary NF stay:

- a) Respite; and
- b) APS 7-Day.

Although the names are the same, there are significant differences between the IPAS and the PASRR versions.

It is noted that these are not exclusions from PASRR, but are determinations that certain PASRR requirements for temporary admission are met. PASRR Level II is only delayed. If an individual needs longer NF placement than the authorized time, the Level II must be completed within the specified time frame.

13.6.1 "PASRR Respite"

An individual may be temporarily admitted to a NF:

- a) from home;
- b) for a short-term respite care stay not to exceed thirty (30) calendar days per quarter;
- c) with a break of at least thirty (30) days between stays of fifteen (15) or more consecutive days of respite care; and
- d) with an expressed intention of leaving the NF by the expiration of the approved time period.

- **Definition**

Respite care is:

- a) defined as a temporary or periodic service provided to a functionally impaired individual for the purpose of relieving the regular caregiver;
- b) applies to individuals who:
 - 1) have a caregiver; and
 - 2) originate from a non-institutional, community-based setting, including foster care homes.

Respite care is not allowed for persons coming from an institution such as a hospital, NF, large ICF/MR, or small MR/DD group home.

- **Process**

The NF must provide sufficient information for the PAS Agency to make a decision that the applicant qualifies for temporary placement under this provision.

Respite Care stays may:

- a) only be authorized by the PAS Agency;
- b) PRIOR to the NF admission;
- c) on PASRR Form 2A-Section V, Part B (see Appendix W).

The PAS Agency should:

- a) send a copy of the PAS Agency's authorization on the appropriate form to the NF to retain on the individual's chart; and
- b) issue form PAS 4B, specifying the type of admission and applicable dates.

For Medicaid eligible applicants, the NF will attach a copy of form PAS 4B to its reimbursement request.

13.6.2 "PASRR APS (7-Day)"

An endangered adult who requires Level II:

- Applicable? →
- may be admitted temporarily to a NF;
 - from home or a non-institutional, community-based setting, including foster care homes (not applicable for persons coming from an institution such as a hospital, NF, large ICF/MR, or small MR/DD group home);
 - after being referred to Adult Protective Services (APS) and determined to be an endangered adult under APS guidelines;
 - for a period not to exceed seven (7) calendar days while:
 - 1) the assessment (including the Level II) and determination are made; and/or
 - 2) alternative living arrangements are made.

NOTE: The only "emergency" admission to a NF under PASRR is under the APS Categorical Determination.

- **Definition**

An endangered adult is:

- * an individual, at least eighteen (18) years of age;
- * who is harmed or threatened with harm as a result of neglect, battery or exploitation. (See definition in Appendix B of this Manual.)

- **Process**

The NF must:

- a) must cooperate to provide sufficient information about the individual and the situation for the IPAS Agency to make a determination of whether PASRR APS requirements are met; and
- b) immediately send the Level I and Long-Term Care Services Application (PAS Application) to the IPAS Agency.

The IPAS agency:

- * is the only entity that can authorize PASRR APS admission;
- * will make a decision of whether the applicant qualifies for placement under the APS provision;
- * obtain the co-signature of the APS Investigator which attests to the individual's status as an "endangered adult" on PASRR Form 2A, Section V, Part B; (The APS Investigator cannot authorize NF admission.)
- * sign PASRR Form 2A, Section V, Part B to authorize temporary admission;
- * send a copy to the NF to retain on the individual's chart;
- * conduct the entire IPAS/PASRR assessment within seven (7) days of referral; and
- * include a copy of the authorization in the PASRR case record submitted to the State.

13.6.3 CCRC 5-Day

The individual using the 5-day stay must be a current resident of the same CCRC in which the transfer is occurring. The Five-Day Transfer Within a CCRC cannot be used for admission of an individual from an outside living arrangement. (See Chapter 3.5.)

- **Definition**

A Continuing Care Retirement Community (CCRC) is a self-contained, life-care multi-level living arrangement consisting of several settings intended to meet an individual's needs at various stages of life. (See definition in Appendix B, page 3.)

The purpose of this advance categorical determination is to allow medical treatment for a physical illness and/or to determine if hospitalization is necessary for that illness.

- **Process**

The process for temporary CCRC 5-Day admission will follow the same guidelines and requirements as those for IPAS. (See Chapter 3.5.1 to 3.5.3 for procedures.)

This temporary admission may not be used for the purpose of assessment or treatment of a psychiatric disorder. At the time of admission, there must be an express intent of leaving the NF by the expiration of the approved time period (5-days).

If the stay is to exceed the time period, the NF must, no later than the fifth (5th) day following admission:

- a) take an IPAS Application form and Level I;
- b) immediately send or fax the completed forms to the local IPAS agency; and
- c) follow the IPAS process.

For purposes of PASRR, such referrals shall be considered preadmission screenings (PAS/PASRR).

13.7 PAS/PASRR TIMELINESS REQUIREMENT

Federal regulations require that a PASRR/PAS determination must be made:

- a) as quickly as possible; but
- b) no later than within an annual average of seven (7) to nine (9) working days of the referral of an individual by the PAS Agency to the CMHC or D&E Team conducting the Level II.

However, it is evident that entities responsible for meeting this requirement must adhere to tighter time frames in order to assure that the annual average is maintained. The following criteria apply:

- a) the CMHCs and D&E Teams must complete the assessment for PAS (and Significant-Change RR) as soon as possible, but no later than six (6) working days to allow for submission to the State; and
- b) PAS (and Significant-Change RR) cases must be expedited as quickly as possible, particularly for acute care hospitalized individuals, to avoid unnecessary delays resulting in excessive costs.

The FSSA defines working days as days which are based on the annual holiday calendar issued from the Governor's Office, and the work week is defined as Monday through Friday. In calculating average working days, the first day will be the first full working day following referral from the IPAS agency for PAS (or the NF for Significant-Change RR).

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